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Managing after-service health insurance liabilities

Report of the Advisory Committee on Administrative and Budgetary Questions

I. Introduction

1. The Advisory Committee on Administrative and Budgetary Questions has considered the report of the Secretary-General on managing after-service health insurance liabilities (A/70/590). During its consideration of the report, the Committee met with representatives of the Secretary-General, who provided additional information and clarification concluding with written responses received on 17 February 2016.

2. The Advisory Committee recalls that the General Assembly, in its resolution 64/241, requested the Secretary-General to submit to the Assembly at its sixty-seventh session a report on managing after-service health insurance liabilities, bearing in mind that the "pay-as-you-go" principle remains one of the viable options, and to include in that report information on, and an analysis of, the following issues, inter alia: (a) scope and coverage of existing after-service health insurance plans; (b) administration costs related to alternative financial options; (c) arrangements for ensuring accurate funding from the different sources of funding; (d) options for contribution levels to after-service health insurance plans by its participants and by the United Nations; (e) comprehensive long-term strategies for financing after-service health insurance liabilities; (f) further measures to reduce the United Nations costs related to health-care plans; (g) after-service health insurance plans for retired public sector employees offered by their respective Governments; and (h) the financial and legal implications of changing, for current retirees and active staff members: (i) the scope and coverage of the after-service health insurance plans; and (ii) the contribution levels. The Assembly also requested the Secretary-General to continue to validate the accrued liabilities with the figures audited by the Board of Auditors and to include this information and the outcome of the validation in his report to the Assembly.

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3. The Advisory Committee also recalls that in its resolution 68/244, the General Assembly took note of the proposals contained in the report of the Secretary-General submitted pursuant to resolutions 64/241 and 65/259 (A/68/353) and requested the Secretary-General to examine the option of broadening the mandate of the United Nations Joint Staff Pension Fund, based on input from the United Nations Joint Staff Pension Board, to include the cost-effective, efficient and sustainable administration of after-service health insurance benefits, taking into account the advantages and disadvantages of this option, including its financial and legal implications, without prejudice to the outcome of the examination, and to report thereon at the seventieth session of the Assembly. The Assembly also underlined that the request did not prevent the Secretary-General from considering other options. In addition, the Assembly requested the Secretary-General to undertake a survey of current health-care plans for active and retired staff within the United Nations system, to explore all options to increase efficiency and contain costs and to report thereon at its seventieth session (see also para. 19 below).

4. In his report (A/70/590), the Secretary-General presents the results of a survey, prepared by the Working Group on after-service health insurance, which was established by the Finance and Budget Network of the High-level Committee on Management of the United Nations System Chief Executives Board for Coordination (CEB). In paragraph 2 of the report, the Secretary-General lists the tasks of the Working Group, and in paragraph 3 he outlines its composition. In the summary section of the report, he suggests that the Assembly may wish to consider mobilizing subsequent phases of the study undertaken by the Working Group in order to further assess plan funding and design and after-service health insurance liability valuation (see also para. 9 below). **The Advisory Committee welcomes, as a whole, the comprehensive review undertaken by the Working Group on after-service health insurance established by the Finance and Budget Network of the High-level Committee on Management of CEB.**

II. Proposals of the Working Group

5. In his report (A/70/590), the Secretary-General addresses the four pillars that formed the basis for the Group's analysis of health insurance plans across the United Nations system, namely: (a) cost analysis and administrative arrangements; (b) review of the United Nations system after-service health insurance framework; (c) determination and disclosure of the liability; and (d) funding alternatives for the liability. The Advisory Committee provides below its observations and recommendations, where relevant, in its discussion of the specific recommendations of the Working Group under each of the four pillars.

A. Cost analysis and administrative arrangements

6. In its recommendations 1 and 2, the Working Group advised that United Nations system organizations should negotiate collectively with third-party administrators in order to optimize pricing for administrative services and network access, and with health-care providers for self-administered plans in order to obtain the best access to, and best pricing for, quality health care. In recommendation 3, it recommended that organizations with externally insured plans should perform

periodic underwriting reviews in order to provide a robust basis for challenging the terms and conditions of insurers and share the results within the United Nations system for benchmarking purposes.

7. The Secretary-General indicates that almost all internationally and locally recruited staff (active and retired officials and their dependants) who are insured under United Nations system plans are covered under the 23 health insurance plans represented in the survey. Table 1 of the report presents the demographic composition of persons insured under the plans; table 2 shows that, in 2014, 401,166 persons were covered by United Nations system plans, at a cost of $731.7 million. Upon request, the Advisory Committee was provided with a revised table 2 (see annex I to the present report) showing the breakdown between Geneva-based plans and other plans for international Professional staff. The revised table also indicates the number of retired staff and their dependants covered under each of the three main categories of health insurance plans. According to the table, 194,818 persons (49 per cent of the total) are covered under Medical Insurance Plan and Medical Insurance Coverage Scheme for local staff in the field at a cost of $63.6 million (9 per cent of the total cost). With regard to international Professional staff outside the United States of America, the table shows that 71,963 persons (18 per cent of the total) are covered under the Geneva-based plans for international Professional staff, at a cost of $220.5 million (30 per cent of the total cost); 101,591 persons (25 per cent of the total) are covered under plans for international Professional staff, at a cost of $209.5 million (29 per cent of the total cost). The table also shows that 32,794 persons (8 per cent of the total) are covered under the United States-based plans, at a cost of $238 million (33 per cent of the total cost).

8. Table 3 of the report shows the number of persons covered under each of the 23 health insurance plans that are classified under three broad categories: self-insured and self-administered; self-insured and third-party administered; and third-party insured and third-party administered. Upon request, the Advisory Committee was provided with a revised table 3 showing the total annual cost of benefits under each of the 23 plans (see annex II to the present report). According to the revised table, the annual benefit cost per participant is significantly higher for the United States-based self-insured and third-party administered plans than it is for the other plans. In his report, the Secretary-General also indicates that, in 2014, an amount of $48 million was spent on administrative costs (including staff costs for self-administered plans and fees for plans administered by third parties) and that administrative costs represent 6.1 per cent of total expenditure across the United Nations system, which is in conformity with the industry average of 5 to 8 per cent in the United States.

9. In reviewing the opportunities related to the global consolidation of United Nations system plans into a common arrangement, the Working Group noted the existence of specific instances of consolidated health plans offered by organizations with similar risk profiles, in New York, Geneva and Rome. However, the Group concluded that there was no clear evidence that financial or operational efficiencies would be derived from a consolidation of all United Nations system plans, considering the various complexities such consolidation entailed. Upon enquiry, the Advisory Committee was informed that the feasibility of consolidating some of the 23 plans and the potential savings derived therefrom would require in-depth analysis that would be conducted in the second phase of the Working Group survey. Such an analysis would address the existing barriers to consolidation, such as eligibility

rules, the schedule of benefits and demographics, which are discussed in further detail in paragraphs 10 to 13 below.

10. With regard to eligibility rules, the Advisory Committee was informed that some plans allowed coverage of secondary dependants at unsubsidized premium rates while others did not allow such persons to be covered. Some organizations offered supplementary plans while others did not. Other plans provided subsidized coverage for spouses only if they were in receipt of the dependency allowance. Some plans also provided coverage to children over the age of 21 or 25 at unsubsidized rates, while others did not provide that option and limited coverage up to a fixed age.

11. With regard to the schedule of benefits, the Advisory Committee was informed that some plans had benefits that were driven by national or regional requirements. For example, long-term care is not covered under United States-based plans while it is required in some countries. Any consolidation that "harmonized downwards" (i.e., only covered benefits that were common to all plans) would result in a reduction of benefits for some retirees, while "harmonizing upwards" (i.e., covered benefits that were only offered by some plans) would have a financial impact in the form of higher premiums that would need to be assessed upon retirees and their former organizations.

12. Regarding demographics, the Advisory Committee was informed that in cases in which a plan with a high retiree-to-active staff ratio was consolidated into a plan with a more favourable retiree-to-active staff ratio, the risk profile changed. The premiums established for the new plan needed to be set so that the low retiree plan would experience an increase in premiums while the high retiree plan would experience a lower premium, unless complex compensation mechanisms were being put in place for a transitional period.

13. The Advisory Committee was also informed that the barriers outlined above could be a hindrance to the inter-agency portability of health insurance for staff members within the United Nations system in cases in which staff members transferring from one organization to another found themselves eligible only for a plan or plans that did not provide the same benefits as their previous health insurance coverage. According to the Secretary-General, such cases of non-portable health insurance plans could be a barrier to staff mobility.

14. **The Advisory Committee recognizes the diversity of health insurance plans across the United Nations system both in terms of the markets in which they operate and the staffing categories they serve. In addition, the Committee recognizes the variations in the administration model under which the various plans operate. These barriers notwithstanding, the Committee is of the view that opportunities do exist for consolidation for the purpose of achieving economies and efficiencies while maintaining access to quality health care. In that regard, the Committee recommends that the General Assembly endorse recommendations 1 to 3 of the Working Group and encourages the Group to continue exploring opportunities for the consolidation of health insurance plans at the various levels.**

B. United Nations system after-service health insurance framework review

National health insurance schemes

15. In recommendation 4, the Working Group recommended that organizations should evaluate the appropriateness, practicality and financial effects of incorporating into their health insurance plans the requirement to enrol in a national insurance scheme with contributions to the national plan being borne by the organization plan. The Group proposed that organizations be encouraged to further explore the value of national health insurance schemes in the context of United Nations system health insurance plans and in a framework whereby the plans would act as supplementary plans to level up the present terms and conditions provided to active and retired staff. The Secretary-General indicates in the report that the Working Group undertook research on national health plans in France, Italy, Switzerland, the United Kingdom of Great Britain and Northern Ireland and the United States, the five countries where, according to the Secretary-General, the most participants in after-service health insurance reside. He also indicates that the objective of the research was to consider whether the positive experience of the United Nations, of leveraging Medicare by requiring eligible persons covered by the insurance in the United States to enrol in Medicare part B, in addition to enrolling in a United Nations health insurance plan, could be reproduced in other locations.

16. Upon enquiry, the Advisory Committee was informed that there were over 5,800 retirees covered under the two United States-based plans of the United Nations and that over 3,100 of them were covered under Medicare (either Part B only or Parts A and B).[1] Upon further enquiry, the Committee was informed that the United Nations had no information on other retirees who might be covered also by their national health insurance systems since there was currently no reporting required of retirees based outside the United States. Upon request, the Committee was provided with statistics, based on available addresses, of the country of residence of the 37,568 retirees (excluding their dependants) participating in after-service health insurance. The Committee notes from the statistics that 40 per cent of these retirees reside in Europe, 18 per cent in the United States, 15 per cent in Africa, 15 per cent in the Asia/Pacific and Western Asia regions, 9 per cent in Central and Latin America and the Caribbean, and 2 per cent in Canada and Mexico. **The Advisory Committee stresses that the necessary procedures should be put in place to obtain accurate information on national health insurance plans in all the regions where United Nations system retirees reside. Taking into consideration the wide distribution of retirees in countries outside Europe and the United States, the Advisory Committee trusts that any policy proposal on national health insurance plans will give due consideration to the national plans of the countries in those regions.**

17. The Advisory Committee recalls that, on the basis of the 2011 actuarial valuation of after-service health insurance liabilities, the requirement for retirees residing in the United States to enrol under Medicare Plan B as at 1 January 2011 had resulted in an estimated reduction of the present value of the accrued liabilities

[1] Part A of Medicare is for hospitalization; Part B is for professional services only (for example, doctor visits, laboratory tests and X-rays). Part A is automatic for retirees who have contributed to the United States social security system for at least 10 years (40 credits).

for the United Nations Secretariat by some $258 million (A/68/353, para. 48 (a)). **The Advisory Committee is of the view that similar savings could be achieved from national health insurance plans in Europe and other regions of the world where sizeable populations of retired United Nations system staff reside.**

18. **While not being in a position to recommend the endorsement of recommendation 4 of the Working Group pending the receipt of more information on national health insurance plans, the Advisory Committee acknowledges the potential for savings, should the recommendation be implemented, and trusts that the necessary information will be obtained in the next phase of the Working Group survey.**

Broadening the mandate of the United Nations Joint Staff Pension Fund

19. As indicated in paragraph 3 above, the General Assembly, in its resolution 68/244, requested the Secretary-General to examine the option of broadening the mandate of the United Nations Joint Staff Pension Fund to include the administration of after-service health insurance benefits. In paragraphs 45 and 46 of his report, the Secretary-General indicates that, in its report to the Assembly (A/69/9), the United Nations Joint Staff Pension Board had endorsed the recommendations of its Assets and Liabilities Monitoring Committee on the matter and had agreed that it would not be advisable to broaden the mandate of the Pension Fund to include the administration of after-service health insurance benefits, noting that this option could jeopardize the operational viability of the Fund and could also negatively affect its long-term sustainability, depending upon the extent of the adopted measure.

20. According to the Working Group, there was no evidence that economies of scale or efficiency gains in administration could be achieved by broadening the mandate of the Joint Staff Pension Fund. In addition, the Working Group asserted that broadening the mandate would require additional staffing in the secretariat of the Fund and in the Investment Management Division, as well as the establishment of separate accounting, reporting and governance mechanisms. In this regard, the Working Group determined that the compatibility of data and software/administrative systems could not be leveraged, considering that the systems used by the Fund had been developed to support specific pension fund functions and that their adjustment for health insurance management purposes would be overly onerous. In view of the above analysis, the Working Group recommended that the role of the Pension Fund not be broadened, but indicated that the Fund could be requested to share its best practices approach and its methods for centralization and administration of a complex multiple-employer plan should the United Nations system organizations choose to jointly provide after-service health insurance coverage.

21. Upon enquiry as to the extent of overlap between the number of retired staff enrolled in after-service health insurance and those who are participants in the Pension Fund, the Advisory Committee was informed that it was difficult to provide precise numbers within the requested time period since the Fund's information was spread over 23 member organizations and more than 70 reporting entities. **The Advisory Committee expects that such information will be provided to the General Assembly in future reports on after-service health insurance.**

22. The Advisory Committee was also provided with a summary of key differences in participant statistics between the Pension Fund and after-service health insurance, namely: (a) the Pension Fund provides benefits to former staff members who separated prior to early or normal retirement when they reach the age of retirement, while after-service health insurance benefits are provided only to staff who separate at age 55 or later, or to staff on disability; (b) the Pension Fund includes all retirees, while after-service health insurance only provides benefits to retirees who are eligible and who elect coverage; (c) in addition to spouses and dependent children, the Pension Fund provides benefits to divorced spouses and secondary dependants when no spouse or eligible children exist, while after-service health insurance does not provide coverage for these two categories of beneficiaries; and (d) former staff members who retire before the normal age of retirement may defer receiving a periodic benefit from the Fund while being eligible and enrolled in after-service health insurance. In addition, according to the representatives of the Secretary-General, there is no known fund where pension and health care are administered jointly by the same staff. The Committee was also informed that, while health-care and pension plans may be co-located, the assets and administration are kept completely separate, which was true with self-administered funds, as well as within insurance companies and third-party administrators.

23. Upon further enquiry as to the respective investment policies, the Advisory Committee was informed that the investment strategy of the Pension Fund was long term, on the basis of the anticipation that the principal of the Fund was not required to cover benefit payments for at least 30 years; for after-service health insurance, incoming contributions were currently applied mainly to the settlement of claims and limited assets were therefore available for investment at the present time. The Committee was informed, however, that should organizations accumulate sufficient assets for the coverage of after-service health insurance liabilities, the expertise for the investment of such assets could be coordinated through the Investment Management Division of the Pension Fund and that some coordination could exist at the highest levels for such positions as joint Chief Executive Officer and a joint Chief Finance Officer.

24. **While not being in a position to recommend the endorsement of recommendation 5 of the Working Group at the present time, the Advisory Committee acknowledges the views expressed by the Pension Board and the Working Group. The Committee remains of the view that the funding and administration of after-service health insurance benefits is an issue of system-wide concern that would best be resolved through a system-wide approach. In this regard, the Committee recommends that the Working Group continue to examine options for a system-wide approach to managing after-service health insurance benefits, without excluding a potential role for the Pension Fund, including sharing its best practices approach and its operating methods (see also paragraph 30 below).**

C. Determination and disclosure of the liability

25. In paragraph 56 of his report, the Secretary-General indicates that the aggregate after-service health insurance liability of the United Nations system grew from $12.1 billion in 2012 to $16.1 billion in 2014. He indicates in paragraph 58, however, that there are significant variances between United Nations system

organizations in terms of after-service health insurance liability valuation assumptions. In that regard, the Working Group recommended the standardizing of the general valuation methodology for after-service health insurance liabilities and the establishment and application of key after-service health insurance liability valuation factors. In addition, the Secretary-General recommends that the Working Group coordinate its efforts with the Task Force on Accounting Standards to harmonize the general after-service health insurance liability principles to establish factors and actuarial assumptions no later than the end of 2017, for implementation in the 2018 actuarial valuation of the after-service health insurance liability.

26. **The Advisory Committee recommends the endorsement of recommendation 6 of the Working Group and expects that, to the extent possible, measures will be taken to standardize the general valuation methodology for after-service health insurance liabilities across all organizations of the United Nations system.**

D. Funding alternatives for the liability

Adequate funding of the after-service health insurance liability

27. The Working Group recommended that United Nations system organizations adequately fund their after-service health insurance liability and build reserves at a minimum to fund the additional cost accrued during the current period, represented by service cost plus the corresponding interest costs. For organizations that are still following a pay-as-you-go approach in relation to their after-service health insurance liabilities, that would mean a move to a pay-as-you-accrue approach, reflecting the true cost of current operations. This recommendation is based on the Working Group's view that the current pay-as-you-go approach towards funding health insurance costs taken by a number of United Nations system organizations, including the United Nations Secretariat, is unsustainable. This view is consistent with the concern expressed by the Board of Auditors regarding the absence of specific assets to cover the after-service health insurance liability (A/67/173, para. 17). Table 4 of the report of the Secretary-General indicates that, at the end of 2014 the assets accumulated by United Nations system organizations (just over $2.6 billion) covered only 16 per cent of future after-service health insurance obligations estimated at $16.1 billion, reflecting a funding gap of approximately $13.5 billion. The largest portion of the funding gap ($5.5 billion) is attributable to the United Nations Secretariat.

28. **The Advisory Committee notes that, while the General Assembly has requested the Secretary-General to submit proposals on managing after-service health insurance liabilities, the Assembly still considers that the existing pay-as-you-go approach is a viable option. The Committee also notes that the organizations of the United Nations system have complied with International Public Sector Accounting Standard 25, which stipulates the recognition in the financial statements of liabilities related to employee benefits but does not prescribe how those liabilities should be funded, leaving it to the discretion of the organizations to determine the optimal approach to ensuring that adequate resources are available to settle the recognized employee benefit liabilities as and when they fall due. Furthermore, the Committee is of the view that the rationale for setting aside budgetary resources meant for current activities to provide for expected future liabilities has not been sufficiently justified by the Secretary-**

General. In this regard, the Committee reiterates its recommendation to continue with the pay-as-you-go approach at the present time (A/68/550, para. 17), as endorsed by the General Assembly in its resolution 68/244.

29. Upon enquiry as to the composition of the $16.1 billion liability by source of funding, the Advisory Committee was informed that the breakdown of the system-wide liability by source of funding was not available from the survey results. The Committee was also informed that, for the United Nations Secretariat, the total after-service health insurance liability as at 31 December 2014 stood at $5.5 billion, of which $3.7 billion (or 68 per cent) was due from the regular budget; $1.2 billion (or 23 per cent) from the peacekeeping budget; and $0.5 billion (or 9 per cent) from extrabudgetary funding sources. **The Advisory Committee expects that, with the recent implementation of more advanced management information systems across all the organizations of the United Nations system, after-service health insurance liabilities will be closely monitored to ensure the accurate attribution of accrued liabilities to their respective sources of funding.**

Investment of reserves

30. The Working Group recommended that the organizations of the United Nations system explore opportunities through the Working Group on Common Treasury Services for cooperation in leveraging existing arrangements with external asset managers to maximize returns and minimize management fees with regard to the investment of funds earmarked for the coverage of after-service health insurance liabilities. According to the Working Group's survey, existing protocols in respect of the management of the investment of funds earmarked for the coverage of after-service health insurance liabilities were diverse, with some organizations managing such funds internally and others outsourcing the investment management function. It also indicated that few organizations ring-fenced assets and that, in some cases, the funds were comingled with the other funds and reserves. Taking this diversity into consideration, the Working Group considered that establishing an inter-agency facility for the investment of reserves accumulated for the purpose of covering after-service health insurance liabilities would require, inter alia, the establishment of separate and independent governance arrangements, clear investment guidelines and policies, separate reporting and accounting mechanisms, independent auditing and benchmarks. **The Advisory Committee, while not ruling out the possibility of establishing an inter-agency facility for the investment of accumulated reserves, sees merit in the Working Group's recommendation to leverage the existing arrangements with external asset managers in the investment of reserves earmarked to cover after-service health insurance liabilities for the organizations that have established such reserves. Since no decision to that effect has been taken by the General Assembly, the Committee is not in a position to recommend the endorsement of recommendation 8 of the Working Group at the present time.**

III. Conclusion

31. The proposals of the Secretary-General for action by the General Assembly are contained in paragraph 73 of his report.

32. **Subject to its comments and recommendations above, the Advisory Committee recommends that the General Assembly:**

(a) **Take note of the report of the Secretary-General;**

(b) **Request that the Secretary-General maintain the Working Group in order to study further options for increasing efficiency and containing costs, and put forward specific proposals regarding those matters to the General Assembly at its seventy-first session.**

Annex I

Revised table 2

Main groupings of insurance plan types

Persons covered and costs of benefits	*Total persons covered (active and retired)*	*Percentage of total*	*Retired persons and their dependants covered*	*Percentage of total*	*Retired persons and their dependants covered as percentage of total persons covered*	*Total annual cost of benefits (United States dollars)*	*Percentage of total*	*Per capita annual cost (United States dollars)*	*Administrative costs as percentage of total costs*
MIP and MICS for local staff in the field	194 818	49	14 020	20	7	63 661 068	9	327	12
Geneva-based plans	71 963	18	17 453	25	24	220 502 363	30	3 064	5
Other plans for international Professional staff	101 591	25	27 784	41	27	209 550 082	29	2 063	8
United States of America-based plans	32 794	8	9 421	14	29	238 019 062	32	7 258	5
Total	**401 166**	**100**	**68 678**	**100**	**17**	**731 732 575**	**100**	**1 824**	**6**

Abbreviations: MIP, Medical Insurance Plan; MICS, Medical Insurance Coverage Scheme.

Annex II

Revised table 3

Breakdown of health insurance plans by type of administration

	Self-insured				*Third-party insured*			
		Plan (administrator)	*Persons covered*	*Total annual cost of benefits (United States dollars)*	*Plan (insurer-administrator)*	*Persons covered*	*Total annual cost of benefits (United States dollars)*
Self-administered	1	Staff Health Insurance — WHO	36 726	82 509 669			
	2	United Nations Staff Mutual Insurance Society (United Nations Office at Geneva)	25 128	98 714 614			
	3	Medical Insurance Plan — UNHCR	23 346	5 496 786			
	4	Staff Insurance Fund — ILO	10 109	39 278 080			
		Total	**95 309**	**225 999 149**			
Third-party administered	1	Medical Insurance Plan — United Nations (Cigna)	69 079	28 027 984	1 Basic Medical Insurance Plan — FAO (Allianz/Allianz)	16 918	50 918 847
	2	Worldwide Plan — United Nations (Cigna)	55 647	82 887 965	2 Medical Insurance Coverage Scheme — WFP (Allianz/Allianz)	15 656	2 178 160
	3	Medical Insurance Plan — UNDP (Cigna)	53 523	16 893 357	3 Full Medical Insurance Plan — UNIDO (Allianz/Allianz)	5 566	not available
	4	Medical Insurance Plan — UNICEF (Cigna)	33 214	11 064 781	4 Austrian Health Insurance System + Supplementary Medical Insurance Plan — UNIDO (Allianz/Allianz)		
	5	Cigna United States dental PPO (Cigna)	31 993	19 801 365	5 Full Medical Insurance Plan — IAEA (Cigna/Cigna)	3 829	14 073 256
	6	Empire Blue Cross PPO (Empire Blue Cross)	23 839	143 174 053	6 Collective Medical Insurance — WIPO (Cigna/Cigna)	3 677	20 380 437
	7	Aetna PPO/POS (Aetna)	8 955	75 043 644	7 Austrian Health Insurance System + Supplementary Medical Insurance Plan — IAEA (Cigna/Cigna)	2 475	10 257 355
	8	Medical benefits Fund — UNESCO (Cigna)	7 136	22 432 785	8 Collective Medical Insurance Plan — ITU (Cigna/Cigna)	2 130	not available
	9	Medical benefits Fund — ICAO (Cigna)	2 996	5 361 171	9 IMO Plan — IMO (Cigna/Cigna)	922	1 938 979
					10 Contrast Group 910.K21 — UNWTO (Cigna/Cigna)	295	1 299 287
		Total	**254 389**	**404 687 105**	**Total**	**51 468**	**101 046 321**

Abbreviations: WHO, World Health Organization; UNHCR, Office of the United Nations High Commissioner for Refugees; ILO, International Labour Organization; UNDP, United Nations Development Programme; UNICEF, United Nations Children's Fund; UNESCO, United Nations Educational, Scientific and Cultural Organization; ICAO, International Civil Aviation Organization; FAO, Food and Agriculture Organization of the United Nations; WFP, World Food Programme; UNIDO, United Nations Industrial Development Organization; IAEA, International Atomic Energy Agency; WIPO, World Intellectual Property Organization; ITU, International Telecommunication Union; IMO, International Maritime Organization; UNWTO, World Tourism Organization.